



MEDICARE ENROLLMENT FOR INSTITUTIONAL PROVIDERS

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The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

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Institutional providers must enroll in the Medicare Program to be paid for covered services they furnish to Medicare beneficiaries. This publication provides education for institutional providers to determine if they are eligible to enroll in the Medicare Program and how to enroll.

Explore these publications for information on Medicare enrollment for other provider types:

- [PECOS for DMEPOS Suppliers](#)
- [Medicare Enrollment for Physicians and Other Part B Suppliers](#)
- [Medicare Enrollment Guidelines for Ordering/Referring Providers](#) for ordering/referring physicians and non-physician practitioners (NPPs) enrolling in the Medicare Program for the sole purpose of ordering/referring specific services for Medicare beneficiaries

Who Are Institutional Providers?

Institutional providers are listed on [Medicare Enrollment Application for Institutional Providers \(Form CMS-855A\)](#). Institutional providers include:

- Community Mental Health Centers (CMHCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Critical Access Hospitals (CAHs)
- End-Stage Renal Disease (ESRD) Facilities
- Federally Qualified Health Centers (FQHCs)
- Histocompatibility Laboratories
- Home Health Agencies (HHAs)
- Hospice Organizations
- Hospitals
- Indian Health Service (IHS) Facilities
- Organ Procurement Organizations
- Outpatient Physical Therapy/Occupational Therapy/Speech-Language Pathology Services
- Religious Non-Medical Health Care Institutions
- Rural Health Clinics (RHCs)
- Skilled Nursing Facilities (SNFs)

If your institutional provider type is not listed above, contact your Medicare Administrative Contractor (MAC) before submitting a Medicare enrollment application. Refer to the [Medicare Fee-For-Service Provider Enrollment Contact List](#) for MAC contact information for each State.

Take These Steps to Enroll in the Medicare Program

- Step 1: Obtain a National Provider Identifier (NPI)
- Step 2: Complete the Proper Medicare Enrollment Application
- Step 3: Await Application Processing
- Step 4: Keep Your Enrollment Information Up to Date

Step 1: Obtain a National Provider Identifier (NPI)

Institutional providers must obtain an NPI before enrolling in the Medicare Program. You can apply for an NPI in one of three ways:

1. **Online Application:** Apply through the online application process by visiting the [National Plan and Provider Enumeration System \(NPPES\)](#) website.
2. **Paper Application:** Complete, sign, and mail the [NPI Application/Update Form \(Form CMS-10114\)](#) paper application to the NPI Enumerator address listed on the form. To request a hard copy application from the NPI Enumerator, call 1-800-465-3203 or TTY 1-800-692-2326, or send an email to customerservice@npienumerator.com.
3. **Bulk Enumeration:** Give permission to have an Electronic File Interchange Organization (EFIO) submit your application data through a bulk enumeration process. For more information on this option, visit the [EFI](#) webpage.

Not Sure If You Have an NPI?

Search for your NPI on the [NPPES NPI Registry](#).

Step 2: Complete the Proper Medicare Enrollment Application

Once you have an NPI, you can apply for enrollment in the Medicare Program, revalidate your enrollment, or make a change to your enrollment information. Complete these actions using either of the following options:

- **Online Application:** Register for an [Identity and Access Management \(I&A\) System](#) user account, and then visit the Medicare [Provider Enrollment, Chain and Ownership System \(PECOS\)](#) website
- **Paper Application:** Submit the paper enrollment application (more information below)

Submit All Enrollment Materials Electronically

You do not need to mail paper copies of your supporting documentation. For more information, refer to the [Digital Document Repository \(DDR\) How To Guide](#).

Online PECOS Application

The PECOS application process is scenario driven. It presents a series of questions to retrieve only the information needed to process your specific enrollment scenario. The [PECOS for Provider and Supplier Organizations](#) publication has more information.

PECOS Is Easy!

We encourage you to use PECOS instead of the paper Medicare enrollment application. Advantages of using PECOS include:

- Completely paperless process, including electronic signature and digital document feature
- Faster than paper-based enrollment
- Tailored application process means you only supply information relevant to your application and specialty
- More control over your enrollment information, including reassignments
- Easy to check and update your information for accuracy
- Less staff time and administrative costs to complete and submit enrollment to Medicare

The Paper Medicare Enrollment Application (Form CMS-855A)

The paper [Medicare Enrollment Application for Institutional Providers \(Form CMS-855A\)](#) collects your information, including the documentation necessary to ensure you are eligible to enroll in the Medicare Program.

Application Fee

Institutional providers enrolling, re-enrolling, revalidating, or adding a new practice location must pay an application fee. For more information about the provider types subject to an application fee, refer to the [Application Fee Requirements Matrix](#).

You must pay your application fee online, whether you apply via PECOS or paper application:

Application Fee Amount

The application fee for enrollments submitted January 1, 2015, through December 31, 2015, is \$553. The fee for January 1, 2016, through December 31, 2016, is \$554.

Visit the [Medicare Application Fee](#) webpage for more information.

- **Online Application:** The system will prompt you to pay during the application process
- **Paper Application:** Visit the [Medicare Provider Application Payment](#) webpage to submit your application fee online

Electronic Funds Transfer (EFT)

CMS requires all providers use EFT if enrolling in Medicare, revalidating, or making any changes to their enrollment. The most efficient way to enroll in EFT is to complete the EFT information section in PECOS. When submitting a PECOS web application, you must:

- Complete the EFT information for your organization (if applicable)
- Include a copy of a voided check/bank letter that includes a legal business name
- Include the account number and routing number that match the numbers entered in PECOS

You may request a hardship exception to the application fee by submitting a written request (and any supporting documentation) that describes the hardship and why the hardship justifies an exception. You must submit the written request with the PECOS or paper enrollment application. CMS makes determinations on whether to grant these requests on a case-by-case basis.

MACs will not process applications without the proper application fee payment or an approved hardship exception.

NOTE: If you do not pay the fee or submit a hardship exception request, your MAC will send a letter to advise you have 30 days to pay the fee. If you don't pay the fee, the MAC will reject your application or revoke billing privileges (as applicable). The letter will also state that because a hardship request was not received with the original application, CMS will not consider granting a hardship exception in lieu of the fee.

State Survey Agency

In addition to submitting an enrollment application and all required supporting documentation to your designated MAC, some institutional providers must also contact their local [State Survey Agency](#). The State Survey Agency determines if a provider meets applicable requirements for participating in the Medicare Program.

Certain institutional provider types may elect voluntary accreditation by a CMS-recognized Accrediting Organization (AO) instead of a State Survey Agency. However, the State Survey Agency must receive notification of the AO's determination.

The State Survey Agency forwards survey results to the CMS Regional Office (RO) Division of Survey & Certification. The final determination of approval or denial for the enrollment application, its supporting documentation, and the survey results rest with the CMS RO.

Accreditation

Providers and suppliers accredited by an approved AO are not required to have routine surveys completed by State survey agencies to determine compliance with Medicare conditions. Accreditation by an AO is voluntary and not required for Medicare certification or participation in the Medicare Program. For more information on accreditation, visit the [Accreditation of Medicare Certified Providers & Suppliers](#) webpage.

Step 3: Await Application Processing

1. Your MAC pre-screens and verifies all information on the enrollment application. During processing, you may be required to submit additional information. Respond to any requests from your MAC as soon as possible. Failure to do so may delay enrollment or result in the rejection of the submitted application (deactivation). When the MAC review is complete, for those institutional providers who require a State survey or other State-approved review, the MAC notifies the RO of its recommendation decision regarding your enrollment application.
2. After your MAC makes a recommendation decision, the State Survey Agency or, if applicable, a CMS-recognized AO conducts a survey. Based on the survey results, the State Survey Agency makes a recommendation to the CMS RO to approve or deny the enrollment (a certification of compliance or noncompliance).
3. The National Site Visit Contractor (NSVC) will conduct an on-site review to verify you continue to meet CMS enrollment requirements prior to granting Medicare billing privileges.
4. The CMS RO makes the final decision regarding program eligibility. The CMS RO also works with the Office for Civil Rights to obtain the necessary Civil Rights clearances. If approved, you must typically sign a provider agreement.

National Site Visit Contractor

CMS implemented a “site visit verification process” using an [NSVC](#). The NSVC verifies enrollment-related information during the site visit and collects specific information based on pre-defined checklists. The site visit verification process is a screening mechanism to prevent questionable providers and suppliers from enrolling in the Medicare Program.

Step 4: Keep Your Enrollment Information Up to Date

How to Report Changes

You can submit a change of information, including a change of address, using PECOS or the paper enrollment application ([Form CMS-855A](#)). You must report a change of ownership or control, changes in authorized official(s) or delegated official(s), and any final adverse legal actions, such as revocation or suspension of a Federal or State license, within 30 days of the reportable event. Submit all other changes within 90 days of the reportable event.

Revalidation

All providers and suppliers enrolled with Medicare must revalidate their enrollment information on a periodic basis. Generally, institutional providers revalidate enrollment every 5 years or when CMS requests it.

If you are currently and actively enrolled, check the [Medicare Revalidation Lookup Tool](#) to find your revalidation due date. If you see a due date listed, submit your revalidation within 6 months of that date. The MAC will also send you a notice to revalidate. If you submit your application after the due date, the MAC may place a hold on your Medicare payments, deactivate your Medicare billing privileges, or revoke your existing billing privileges.

The most efficient way to submit your revalidation information is by using PECOS. For more information, refer to:

- [Medicare Provider-Supplier Enrollment: Revalidations](#) webpage
- [Provider Enrollment Revalidation – Cycle 2](#) (MLN Matters® SE1605)

Questions?

Find answers in the [PECOS FAQs](#) publication, or review the [Provider Enrollment Revalidation Cycle 2 FAQs](#).

Resources

For more information about the Medicare enrollment process, visit the [Medicare Provider-Supplier Enrollment](#) webpage, which provides information about:

- PECOS, including how to update your records using PECOS
- Paper Medicare enrollment application forms
- Frequently asked questions
- Contact information for all MACs
- CMS updates on provider enrollment

Table 1. Resources Table

For More Information About...	Resource
CMS External User Services (EUS) Help Desk	To report PECOS navigation, access, or printing problems, contact the CMS EUS Help Desk. Find contact information, including email address, telephone numbers, and live chat, at EUS.custhelp.com
MAC	Contact your MAC with any additional questions about the Medicare enrollment process CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Medicare Learning Network® (MLN) Guided Pathways (GPs)	Provider Specific Medicare Resources CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf
MLN Connects® National Provider Call “Streamlined Access to PECOS, EHR, and NPES”	CMS.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-11-15-NPC.html
MLN Matters® Article MM7350, “Implementation of Provider Enrollment Provisions in CMS-6028-FC”	Information on screening requirement for enrollment and revalidation CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN MattersArticles/Downloads/MM7350.pdf

Table 1. Resources Table (cont.)

For More Information About...	Resource
MLN Matters® Special Edition Article SE1417, “Implementation of Fingerprint-Based Background Checks”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/Downloads/SE1417.pdf
MLN Matters® Special Edition Article SE1520, “National Site Verification (NSV) Initiative”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/Downloads/SE1520.pdf
NPI	CMS.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand
PECOS	PECOS.cms.hhs.gov/pecos/login.do
“PECOS Technical Assistance Contact Information”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/MLN-Publications-Items/CMS1243418.html
Video Resources	YouTube.com/playlist?list=PLaV7m2-zFKpia1McB1WKKkw2esAdiZRem

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Accreditation of Medicare Certified Providers & Suppliers	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Survey-CertificationGenInfo/Accreditation-of-Medicare-Certified-Providers-and-Suppliers.html
Application Fee Requirements Matrix	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Medicare-ProviderSupEnroll/Downloads/Application-FeeRequirementMatrix.pdf
Digital Document Repository (DDR) How To Guide	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Medicare-ProviderSupEnroll/Downloads/Digital-Documents-Repository-How-To-Guide.pdf
EFI	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/efi.html

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Form CMS-855A	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf
Identity and Access Management (I&A) System	https://nppes.cms.hhs.gov/IAWeb/login.do
Medicare Application Fee	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html
Medicare Enrollment Application for Institutional Providers (Form CMS-855A)	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf
Medicare Enrollment for Physicians and Other Part B Suppliers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243432.html
Medicare Enrollment Guidelines for Ordering/Referring Providers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1247538.html
Medicare Fee-For-Service Provider Enrollment Contact List	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Medicare Provider Application Payment	https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll
Medicare Provider-Supplier Enrollment: Revalidations	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html
Medicare Revalidation Lookup Tool	https://data.cms.gov/revalidation
National Plan and Provider Enumeration System	https://nppes.cms.hhs.gov/NPPES/Welcome.do
NPI Application/Update Form (Form CMS-10114)	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf
NPPES NPI Registry	https://npiregistry.cms.hhs.gov

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
NSVC	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/NationalSiteVisitContractor.html
PECOS FAQs	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909015.html
PECOS for DMEPOS Suppliers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243483.html
PECOS for Provider and Supplier Organizations	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243426.html
Provider Enrollment, Chain and Ownership System (PECOS)	https://pecos.cms.hhs.gov/pecos/login.do
Provider Enrollment Revalidation – Cycle 2	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf
Provider Enrollment Revalidation Cycle 2 FAQs	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Reval_Cycle2_FAQs.pdf
State Survey Agency	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/state_agency_contacts.pdf

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